

DIOCESE OF SALFORD - Supplementary Admission Form
ST. WILFRID'S R.C. PRIMARY SCHOOL - Lancashire School Number 06/69

Please complete in BLOCK CAPITALS and return to school by 15th January

Surname of child: _____
Forename(s): _____
Date of Birth: _____

Address of child:
Postcode:
Your Telephone Number:

Is your child? BAPTISED CATHOLIC <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/>
FOR BAPTISED CATHOLICS
MONTH OF BAPTISM _____ YEAR _____
PARISH _____
PARISH LOCATION (TOWN/CITY) _____

PLEASE ENCLOSE A COPY OF BAPTISMAL CERTIFICATE WITH THIS FORM. If this is not possible explain below

To the best of my knowledge the information contained on this form is correct.

Signed Name (Please Print).....

Relation to child Date.....